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APPLICANTS
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**** FOREIGN APPLICATIONS *******
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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** * SMALL ENTITY *
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/ROLAND DINGA/ Examiner's Signature	Initials	NEW ZEALAND	1	22	3

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TITLE
 Extra-aortic patch

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